



**Volunteer Application
Planning & Network Advisory Committee (PNAC)**

Thank you for your interest in volunteering with StarCare's PNAC. The following information will assist the Board of Trustees in selecting individuals for PNAC membership who best represent the interests of the community that we support. Virtual Zoom meetings are held quarterly from 11:30 a.m.-12:30 p.m. on the second Thursday of the months of February, May, August and November. For more information, email Brandi Ivey at bivey@starcarelubbock.org.

Name: (Please Print) _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

Are you or any of your family members receiving services through StarCare? Yes _____ No _____

Have you ever been convicted of a criminal offense or been listed as revoked on the misconduct registry? Yes _____ No _____

How did you hear about this PNAC volunteer opportunity? _____

Please explain why you think your participation on the StarCare Planning & Network Advisory Committee would be beneficial. Include any previous experience that you may have had with Behavioral Health and Intellectual & Developmental Disabilities as well as other special expertise (such as volunteerism, advocacy, family member of consumer, consumer, etc.).

Signature _____ Date _____